

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

	of the properties in the language, a position of the		<u> </u>	
Establishment Name		Telephone Number  ( ) Establishment	Date of Ins (mm/dd/yr	)
Fairmont Elementary  Establishment Address (number and street, city, state, zip code)  1725 Abbie Dell Ave New Albany, IN47182		8/2-542-4783	1 /	19 18-
Establishment Address (number and street,	city, state, zip code) Ave New Albani IN47152	( ) Owner	2-6	316
Owner		Purpose;		p Release Date
NAFCS		Routine	NO	10 days
O what his way		2. Follow-up 3. Complaint	Summary of Violations:	
Person in Charge  Margie Plummer  Responsible Person's E-mail		4. Pre-Operational	c	NCR
Nargie Mummer		5. Temporary	Menu Tvi	oe (See back of page)
Responsible Person's E-mail		6. HACCP	_violid 1 y	or (see ouch of page)
Certified Food Handler	7. Other (list)	1 2	$_{3}$ $\checkmark_{4}$ $_{5}$	
Margie Plummer 6-12-23				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"				
• VIOLATION(S) REPEATED FROM PREVIOU	US INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE BELOW AS "R"
Section# C/NC R	Narrative			To Be Corrected By
NC_324 0686	ved 3-comp faucet trough to have a	and faucet		1 week
near	trough to have a	Steady drip.		
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Received by (name and title printed):  Margier ummer  Inspected by (name and title printed):  Thomas Snider, EHS				
Received by (signature):		Inspected by (signature):	<u>/ ~ 17 \</u>	
Mayte O. Phin				
cc:	ce:		cc:	

Floyd County Health Department Inspection Notes				
	CFH: 6-12-23			
	Health Policy (Y)-N Food Code: (Y)-N			
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	Z on trough			
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